FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90080 040 ***150.00

DOCUMENT # P00000101418

1. Entity Name

GANG RIO IMP + EXP, INC

DO NOT WRITE IN THIS SPACE

800061700

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
777 NW 72 Ave		777 NW 72 Ave.	
Suite, Apt. #, etc. 2L5		Suite, Apt. #, etc.	
City & State Miami Florida		City & State Miami Florida	
Zip 33126	Country USA	Zip 33126	Country USA

4. FEI Number 01-0622889 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Millennia Consulting Services Inc

Street Address (P.O. Box Number is Not Acceptable): 2630 NE 203 Street #106

City: Aventura FL Zip Code 33180

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 3/28/2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	AMORIM, ALCYR LOUSAN	NAME	
STREET ADDRESS	777 NW 72 Ave	STREET ADDRESS	
CITY-ST-ZIP	Miami. FL. 33126	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Alda Regina Silva	NAME	
STREET ADDRESS	114 Lake Emerald Drive Apt 308	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale FL. 33309	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 03/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #